
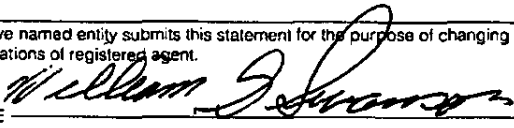



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

03-19-2004 90047 037 ****61.25

DOCUMENT # N94000003473					
1. Entity Name JULIA PARK MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 16500 SLATER RD #59 NORTH FT. MYERS FL 33917			Mailing Address 16531 JOHNSON LANE #59 NORTH FT. MYERS FL 33917		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SWANSON, WILLIAM 16531 JOHNSON LN LOT 59 NORTH FT MYERS FL 33917				7. Name and Address of New Registered Agent	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Name	
SIGNATURE: 				Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				City	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWANSON, WILLIAM M		NAME		
STREET ADDRESS	16531 JOHNSON LN #59		STREET ADDRESS		
CITY-ST-ZIP	NORTH FT MYERS FL 33917		CITY-ST-ZIP		
TITLE	BT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIMSLEY, BONNIE		NAME		
STREET ADDRESS	16500 SLATER RD # 45		STREET ADDRESS		
CITY-ST-ZIP	NORTH FT MYERS FL 33917		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAUVAIS, ROLAND		NAME		
STREET ADDRESS	16500 SLATER RD # 14		STREET ADDRESS		
CITY-ST-ZIP	NORTH FT MYERS FL 33917		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEIZ, JAY PETE		NAME	WAYNE NOBLES	
STREET ADDRESS	16439 JOHNSON LN LOT 59		STREET ADDRESS	16500 SLATER RD	
CITY-ST-ZIP	NORTH FT MYERS FL 33917		CITY-ST-ZIP	LOT 51	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	
NAME	SMITH, RICHARD L		NAME	MARK ADDY	
STREET ADDRESS	16500 SLATER RD LOT 84		STREET ADDRESS	16500 SLATER RD LOT #82	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917		CITY-ST-ZIP	N. FORT MYERS, Florida 33917	
TITLE		<input type="checkbox"/> Delete	TITLE	S	
NAME			NAME	MARY WOOD	
STREET ADDRESS			STREET ADDRESS	16500 SLATER LOT # 80	
CITY-ST-ZIP			CITY-ST-ZIP	N. FORT MYERS, FLA 33917	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

bb409251



MOORE CR2E037 (11/03)